

REGIN RESERVED FOR BINDING
WRITE ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

158

156

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rachael Dalmolinis
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child m. To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 5 6. Legitimate? yes 7. Date of birth Aug. 24 1928
Month Day Year

8. FATHER
Full name Frank Dalmolinis
9. Residence (Usual place of abode) Globe
If non-resident, give place and state.
10. Color or race W.
11. Age at last birthday 38 (Years)
12. Birthplace (city or place) Michigan
(State or country)
13. Occupation
Nature of industry _____

14. MOTHER
Full maiden name Olga Walla
15. Residence (Usual place of abode) Globe
If non-resident, give place and state.
16. Color or race _____
17. Age at last birthday 33 (Years)
18. Birthplace (city or place) Italy
(State or country)
19. Occupation housewife
Nature of industry _____

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5
(b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature R. D. Kennedy

(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____

Address _____

Registrar

Filed 10/11 1928 G. E. Wightman Registrar

945-824-621